

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

**REQUEST FOR PATENT FEE REFUND**

**10/519142**

1 Date of Request: \_\_\_\_\_

2 Serial/Patent # \_\_\_\_\_

3 Please refund the following fee(s):

4 PAPER  
NUMBER

5 DATE  
FILED

6 AMOUNT

Filing

\$

Amendment

\$

Extension of Time

\$

Notice of Appeal/Appeal

\$

Petition

\$

Issue

\$

Cert of Correction/Terminal Disc.

\$

Maintenance

\$

Assignment

\$

Other

\$

7 TOTAL AMOUNT  
OF REFUND

\$

8 TO BE REFUNDED BY:

Treasury Check

Credit Deposit A/C #:

9

10 REASON:

Overpayment

Duplicate Payment

No Fee Due (Explanation):

11 REFUND REQUESTED BY:

TYPED/PRINTED NAME:

TITLE:

SIGNATURE:

PHONE:

OFFICE:

THIS SPACE RESERVED FOR FINANCE USE ONLY:

APPROVED:

DATE:

Repin. Ref: 06/27/2005 PKIDWELL 0016592500  
VHM:500206 Name/Number:10519142  
FC: 9204 \$500.00 CR

*Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:*

**Office of Finance  
Refund Branch  
Crystal Park One, Room 802B**